

CONTROL NO. feeder report for  
DDS/OL/PD-1

# REPORTS INVENTORY

PREPARE IN DUPLICATE

1. TITLE OF REPORT (If a fill-in report include Form No.)

Monthly Statistical (Unofficial Internal Form)

2. TYPE OF REPORT  
☒ STATISTICAL  
☐ NARRATIVE  
☐ MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL  
LOGISTICS  
MEDICAL  
TRAINING  
SECURITY  
FINANCE  
ADMIN. GENERAL  
OTHER (specify)

4. NO. OF COPIES PREPARED

5. FREQUENCY (weekly, monthly, quarterly, etc.)

6. DISTRIBUTION (No. of components not number of copies)

Orig & 1

Monthly

C/PD and originating office

7. FORMAT (memorandum, form computer print-out, etc)

8. ADP PROCESSING

9. DIRECTIVE AUTHORITY REQUIRING REPORT

YES IF YES GIVE ADP PROCESSING NO.

Typed internal form

XX NO

PD Memorandum No. 71-1

10. PREPARING COMPONENT (include lowest level contributing information to report)

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

OL/PD/CAS

## 12. COST FACTORS

### A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-5	3.57		1 hr.		3.57		12		42.84
GS-14	10.07		1/6 hr.		1.68		12		20.16

### B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

63.00

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

## 14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

ESTIMATED SAVINGS

☒ RETAIN AS IS  
☐ CHANGE  
☐ DISCONTINUE  
☐ OTHER (explain)

MAN-HOURS

DOLLARS

STAT

16. DATE OF INVENTORY

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION